



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

November 1, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON HOMELESS TUBERCULOSIS OUTBREAK**

This is an update on the tuberculosis (TB) outbreak among homeless community members in the downtown/Skid Row area and the Department of Public Health's (DPH) ongoing actions to contain the outbreak. The last report was sent to your Board on June 27, 2013. Since that time, DPH continues to work closely with shelter operators, local clinic providers, California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to effectively address the possible spread of TB disease. As of September 2013, 254 TB cases have been reported in Los Angeles County (LAC) for the calendar year to date, with 23 (9.1%) cases identified in the homeless population throughout Los Angeles, including Skid Row.

Our work continues in three strategic areas:

- I. Assure that close, sustained contacts to TB cases identified in the original outbreak, as well as new cases, can be located, screened and offered preventive treatment.
- II. Assure the effective implementation of DPH Shelter Guidelines for the prevention of TB transmission in shelter settings.
- III. Establish annual TB screening for the homeless population in Los Angeles County.

I. Assure close, sustained contacts to TB cases identified in the original outbreak, as well as new cases, can be located, screened and offered preventive treatment

To contain the outbreak and prevent further transmission in shelter settings, DPH is engaged in the following ongoing activities:

- *Monitoring of current data sources to identify possible contacts to known cases*

DPH continues to monitor shelter outbreak data and refine the analysis to ensure that all potentially exposed individuals (also known as “contacts”) are identified and all appropriate efforts are made to locate and bring them to medical attention for TB screening. We continue to work with agencies that serve homeless clients, including social service, public safety, and the general medical provider community (e.g., Los Angeles Homeless Service Authority, Union Rescue Mission, Midnight Mission, Los Angeles Mission, Sheriff’s Department, and medical providers in the Skid Row area). The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) are also assisting DPH with this effort.

- *Targeted screening at high-risk sites to identify additional cases of active TB disease*

DPH field staff continues to work with shelter operators to identify and track known close contacts to identified TB cases. It is important to note the challenges in reaching these homeless contacts, who are very mobile, often use alternate names, may be resistant to testing, and do not always agree to initiate or remain in compliance with treatment regimens. Our Public Health Nurses and Public Health Investigators are working closely with shelter operators and Single Room Occupancy agencies to locate these contacts for testing and, if indicated, to offer treatment. To date we have located approximately 1,500 contacts identified as having close and sustained contact with TB outbreak cases. Since June 27, there have been seven additional cases detected. To facilitate screening within shelter settings, we have completed MOUs with three major clinical providers in Skid Row (JWCH, LA Christian Medical Clinics, and the University of California, Los Angeles at the Union Rescue Mission) to screen homeless clients in their clinics for TB.

We are also working with two large shelters to place DPH TB screening teams on a recurring basis in the shelters. These teams from Service Planning Areas (SPAs) 4 and 6 will also include a Physician Specialist to act as a consultant for any patient issues in the shelters. These teams will offer screening to both identified contacts and general shelter populations.

- *Treatment of latent TB infection*

Latent TB infection (LTBI) is the result of exposure to a person with active communicable tuberculosis. While LTBI contacts do not have active TB disease, treatment is needed to assure that they do not develop active disease in the future. This treatment is voluntary but essential to controlling transmission of TB among the homeless. As stated above, treatment compliance for homeless patients with LTBI can be very difficult. The new short-course treatment regimen for latent TB infection, which is generally about 12 weeks with treatment dispensed once a week, has a higher acceptance rate among patients than previous treatment regimens that lasted six months, with medication given daily. Twenty-two percent of those placed on the short-course treatment are completing therapy compared to only two percent using the long term treatment.

II. Assure the effective implementation of DPH Shelter Guidelines for the prevention of TB transmission in shelter settings.

As reported in the last update, DPH developed shelter operator guidelines on how to prevent TB in homeless shelters. The shelter guidelines were distributed to all shelter operators, and include a TB clearance protocol for all homeless clients entering shelters in LAC. DPH staff are actively monitoring shelters to assure that effective screening of clients can be carried out by shelter staff and that staff submit routine progress reports to DPH's TB Control Program.

III. Establish annual TB screening for the homeless population in Los Angeles County

We have achieved significant cooperation from shelter operators in assuring that clients obtain TB clearance, with over 40 percent of the large shelters and Skid Row housing agencies requiring such clearance for entry. We are continuing to work with shelter operators and clinic providers to determine the best pathways and resources that will be needed to assure that all homeless clients in LAC have ready access to TB screening and assure that TB clearance information can be routinely and securely updated for use by these agencies.

If you have any questions or would like additional information, please let me know.

JEF:dd/rkf
PH:1303:001

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors